

SUPPLEMENT TO ATTACHMENT 3.1-A

23. Pediatric or Family Nurse Practitioners

See service limits under section 5a of this attachment.

TN # 91-15
SUPERSEDES
TN # 91-04

APPROVAL DATE 1/27/92 EFFECTIVE DATE 7-1-91

SUPPLEMENT TO ATTACHMENT 3.1-A

24. Any Other Medical Care and any Other Type of Remedial Care Recognized Under State Law, Specified by the Secretary

a. Transportation.

Ambulance services will be provided when the use of other methods of transportation is contraindicated by the individual's condition. Wheelchair van transportation will be paid for individuals that are wheelchair bound. Purchase of tickets from commercial carriers when appropriate (airlines, bus, etc.), and mileage, meals, and lodging for friends or relatives will be paid when necessary to get an eligible individual to a provider and back home.

b. Services of Christian Science nurses.

Not provided

c. Care and services provided in Christian Science sanatoria.

Not provided

d. Nursing facility services for patients under 21 years of age.

No limitations.

e. Emergency hospital services.

No limitations.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by an individual who is qualified to provide the services and not a member of the recipient's family.

Personal care services are limited to a maximum of 120 hours of service during a calendar quarter.

TN # 96-2
SUPERSEDES
TN # 91-15

APPROVAL DATE 04/12/96 EFFECTIVE DATE 1-1-96